Entered 12/22/16 23:13:20 Desc Main Case 2:16-bk-56452 Doc 27 Filed 12/22/16 Page 1 of 4 Document

Debtor 1	Jerry W. Bays		
Debtor 2 (Spouse, if filling)	Julia A. Bays		
United States Bankruptcy	y Court for the: SOUTHERN DISTRI	CT OF OHIO	
Case number 2:16-	bk-56452		Check if this is: An amended filing A supplement showing postdethan that end is income as of the following tare.
Official Form 1	1061		MM / DD/ YYYY
supplying correct inforn	nation. If you are married and not fili	ng jointly, and your spouse is livi	nd Debtor 2), both are equally rescans a same ng with you, include information accarage.
attach a separate sheet	ated and your spouse is not filing w to this form. On the top of any addit Employment	ith you, do not include informatio ional pages, write your name and	n about your spouse. If more space is needed case number (if known). Answer event bless on
attach a separate sheet	to this form. On the top of any addit Employment	ith you, do not include informatio ional pages, write your name and Debtor 1	n about your spouse. If more space is headed case number (if known). Answer even it less to Destroy Debtor 2 or non-filing spouse
Part 1: Describe E 1. Fill in your employ	to this form. On the top of any addit Employment ment an one job, age with Employment status	ional pages, write your name and	case number (if known). Answer exerciples: 17
Part 1: Describe E 1. Fill in your employ information. If you have more the attach a separate parts.	to this form. On the top of any addit Employment ment an one job, age with Employment status	Debtor 1 Employed	Debtor 2 or non-filing scouse Employed
Part 1: Describe E 1. Fill in your employ information. If you have more the attach a separate painformation about ac	to this form. On the top of any addit Employment an one job, age with diditional Occupation easonal, or	Debtor 1 Employed Not employed	Debtor 2 or non-filing sccuss ☐ Employed ■ Not employed
Part 1: Describe E 1. Fill in your employ information. If you have more the attach a separate painformation about ac employers. Include part-time, see	to this form. On the top of any addit Employment an one job, age with editional Occupation easonal, or Employer's name lude student Employer's address	Debtor 1 Employed Not employed Mapper	Debtor 2 or non-filing sccuss ☐ Employed ■ Not employed
Part 1: Describe E 1. Fill in your employ information. If you have more the attach a separate painformation about ac employers. Include part-time, se self-employed work. Occupation may include in the part of the part o	to this form. On the top of any addit Employment an one job, age with editional Occupation easonal, or Employer's name lude student Employer's address	Debtor 1 Employed Not employed Mapper Utiliquest 2545 Westside Avenue Columbus, OH	Debtor 2 or non-filing sccuss ☐ Employed ■ Not employed

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

		For Debtor 1			For Debtor 2 or non-filing spouse	
2.	List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2.	\$	3,033.00	\$	0.00
3.	Estimate and list monthly overtime pay.	3.	+\$	587.00	+\$	0.00
4.	Calculate gross Income. Add line 2 + line 3.	4.	\$	3,620.00	\$	0.00

Official Form 1061 Schedule I: Your Income page 1

Case 2:16-bk-56452 Doc 27 Filed 12/22/16 Entered 12/22/16 23:13:20 Desc Main Document Page 2 of 4

	otor 1 otor 2	Jerry W. Bays Julia A. Bays		Case	number (if known)	2:16-	bk-56452
				Fo	r Debtor 1		Debtor 2 or filing spouse
	Cop	y line 4 here	4.	\$	3,620.00	\$	0.00
5.	List	all payroll deductions:					
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	703.00	\$	0.00
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$	0.00
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$	0.00
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$	0.00
	5e.	Insurance	5e.	\$	316.00	\$	0.00
	5f.	Domestic support obligations	5f.	\$	0.00	\$	0.00
	5g.	Union dues	5g.	\$	0.00	\$	0.00
	5h.	Other deductions. Specify:	5h.	+ \$	0.00	+ \$	0.00
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	1,019.00	\$	0.00
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	2,601.00	\$	0.00
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	S	0.00
	8b.	Interest and dividends	8b.	\$	0.00	S	0.00
	8c. 8d. 8e.	Family support payments that you, a non-filing spouse, or a depend regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security	8c. 8d. 8e.	\$ \$	0.00 0.00 0.00	\$ \$ \$	0.00 0.00 929.00
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assist that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:		\$	0.00	\$	0.00
	8g.	Pension or retirement income	8 g.	\$	0.00	\$	0.00
	8h.	Other monthly income. Specify:	8h.	+ \$	0.00	+ \$	0.00
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$_	0.00	\$	929.00
10.		culate monthly income. Add fine 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse.	10. \$	6	2,601.00 + \$	92	29.00 = \$ 3,530.00
11.	Inclu othe	e all other regular contributions to the expenses that you list in Schedude contributions from an unmarried partner, members of your household, our friends or relatives. The include any amounts already included in lines 2-10 or amounts that are cify:	your depe		•		chedule J. 11. +\$ 0.00
12.		the amount in the last column of line 10 to the amount in line 11. The e that amount on the Summary of Schedules and Statistical Summary of Cies					12. S 3,53 0.00
13.	Dog	you expect an increase or decrease within the year after you file this f	orm?				Combined monthly income
		No. Yes. Explain: 1. Overtime was averaged over the year.					
		ors declare under penalty of perjury that th dule I are true to the best of their knowled					
Ι	Date	d: December , 2016.		A.			/ .
		Jerry W. Bays, De	1-L	- -	-1		1-1
		<i>i</i> bays, pe	utor	Jl	ılia A. Bay	s, De	edtor

Case 2:16-bk-56452 Doc 27 Filed 12/22/16 Entered 12/22/16 23:13:20 Desc Main Document Page 3 of 4

Fili	in this informa	tion to identify yo	our case:						
Deb	ebtor 1 Jerry W. Bays					Ch	eck if t	his is:	
	tor 2 ouse, if filing)	Julia A. Bays	5				ng postpetition chapter ne following date:		
Unit	ed States Bankr	uptcy Court for the	: SOUTH	IERN DISTRICT OF OHIC			ММ	/DD/YYYY	
	e number 2:	16-bk-56452							
_	.			·- · · ·					
		rm 106J	_						
Be info	as complete a ormation. If m	J: Your land accurate as ore space is ne n). Answer ever	possible eded, atta	. If two married people a ich another sheet to this	re filing together, both form. On the top of a	n are eq ny addi	ually i tional	responsible for pages, write yo	12/15 supplying correct our name and case
Par 1.	t 1: Descr	ibe Your House it case?	hold						
	☐ No. Go to	line 2.							
	Yes. Doe	s Debtor 2 live i	in a separ	ate household?					
	■ N	-	st file Offici	al Form 106J-2, Expenses	s for Separate Househo	old of De	ebtor 2		
2.	Do you have	e dependents?	■ No						
	Do not list D Debtor 2.	•	☐ Yes.	Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor 2		ā	Dependent's age	Does dependent live with you?
	Do not state				and the second s	S	LAS L	and an analysis of the second	□ No
	dependents	names.							□ Yes □ No
									☐ Yes
									□ No
									☐ Yes ☐ No
									☐ Yes
3.	expenses of	oenses include f people other t d your depende	han $_{\square}$	No Yes					
Est exp	imate your ex		our bankr	ly Expenses uptcy filing date unless y y is filed. If this is a supp					
the		h assistance an		government assistance i cluded it on <i>Schedule I:</i> \text{\text{1}}				Your expe	nses
(011	nciai i Oimi Tu	, oi.,				11.	Baran Ku		TEPEDATIONIPARIES
4.		or home owners and any rent for the		ses for your residence. I or lot.	nclude first mortgage	4.	\$		0.00
	If not includ	led in line 4:							
	4a. Real e	estate taxes				4a.	\$		153.00
		rty, homeowner's				4b.			100.00
			•	upkeep expenses		4c. 4d.			0.00 0.00
5.		owner's associat <mark>nortgage paym</mark> e		dominium dues our residence, such as ho	me equity loans	4a. 5.			0.00

Case 2:16-bk-56452 Doc 27 Filed 12/22/16 Entered 12/22/16 23:13:20 Desc Main Document Page 4 of 4

	otor 1 otor 2	Jerry W. Bays Julia A. Bays	Case number (if known	2:16-bk-56452
6.	Utilit	ies:		
	6a.	Electricity, heat, natural gas	6a. S	394.00
	6b.	Water, sewer, garbage collection	6b. S	17.00
	6c.	Telephone, cell phone, Internet, satellite, and cable services	6c. S	303.00
	6d.	Other. Specify:	6d. S	0.00
7.	Food	l and housekeeping supplies	7. \$	800.00
8.		Icare and children's education costs	8. S	0.00
9.		ning, laundry, and dry cleaning	9. S	25.00
10.		onal care products and services	10. S	50.00
11.		cal and dental expenses	11. S	100.00
		sportation. Include gas, maintenance, bus or train fare.		
		ot include car payments.	12. S	200.00
13.	Ente	rtainment, clubs, recreation, newspapers, magazines, and books	13. \$	0.00
14.	Char	itable contributions and religious donations	14. S	0.00
15.	Insu	ance.		
	Do n	ot include insurance deducted from your pay or included in lines 4 or 20.		
	15a.	Life insurance	15a. \$	0.00
	15b.	Health insurance	15b. S	0.00
	15c.	Vehicle insurance	15c. S	173.00
	15d.	Other insurance. Specify:	15d. S	0.00
16.	Taxe	s. Do not include taxes deducted from your pay or included in lines 4 or 20.		
	Spec	ify:	16. S	0.00
17.		Ilment or lease payments:		
	17a.	Car payments for Vehicle 1	17a. S	507.00
	17b.	Car payments for Vehicle 2	17b. S	0.00
	17c.	Other. Specify:	17c. S	0.00
	17d.	Other, Specify:	17d. S	0.00
18.		payments of alimony, maintenance, and support that you did not report as	i	0.00
		cted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. \$	0.00
19.		r payments you make to support others who do not live with you.	\$	0.00
	Spec	<u> </u>	19.	
20.		r real property expenses not included in lines 4 or 5 of this form or on Sche		
		Mortgages on other property	20a. \$	0.00
		Real estate taxes	20b. \$	0.00
		Property, homeowner's, or renter's insurance	20c. \$	0.00
		Maintenance, repair, and upkeep expenses	20d. \$	0.00
		Homeowner's association or condominium dues	20e. \$	0.00
21.	Othe	r: Specify:	21. +\$	0.00
22	Calc	ulate your monthly expenses		
		Add lines 4 through 21.	\$	2,822.00
		Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$	2,022.00
			· · · · · · · · · · · · · · · · · · ·	
	ZZC. 1	Add line 22a and 22b. The result is your monthly expenses.	\$	2,822.00
23.	Calc	ulate your monthly net income.		
		Copy line 12 (your combined monthly income) from Schedule I.	23a. \$	3,530.00
		Copy your monthly expenses from line 22c above.	23b\$	2,822.00
				_,
	23c.	Subtract your monthly expenses from your monthly income.		
		The result is your monthly net income.	23c. \$	708.00
D	For exmodifi Note: Note		r mortgage payment to in as a conduit throut formation cont	ugh the Ch.13 Plan. tained in this Amended
D	ated	Docombon 2016		,
ענ	aceu	: December, 2016. Jerry W. Bays, Debtor	Julia A.	Bays, Debtor